

EXHIBIT “N”

FedEx® Tracking

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DELIVERED

Wednesday

2/1/2023 at 11:37 am

Signed for by: M.WESTMORELAND

↓ Obtain Proof of delivery

How was your delivery?



Want updates on this shipment? Enter your email and we will do the rest!

YOUR EMAIL

SUBMIT

MORE OPTIONS

Manage Delivery



DELIVERY STATUS

Delivered

TRACKING ID

771160625765

FROM

Roswell, GA US

Label Created

1/30/2023 11:25 AM

PACKAGE RECEIVED BY

FEDEX

ALPHARETTA, GA

1/30/2023 5:33 PM

IN TRANSIT

DECATUR, GA

2/1/2023 9:59 AM

OUT FOR DELIVERY

DECATUR, GA

2/1/2023 9:59 AM

DELIVERED

ATLANTA, GA US

Delivered

2/1/2023 at 11:37 AM

↓ View travel history



Shipment Receipt

Address Information

Ship to:

USCIS
Atlanta Field Office
2150 Parklake Drive

ATLANTA, GA
30345
US
0000000000

Ship from:

RSC Immigration
Law Group
1875 Old Alabama Rd
Suite 720
Roswell, GA
30076
US
6784616046

Shipment Information:

Tracking no.: 771160625765

Ship date: 01/30/2023

Estimated shipping charges: 9.20 USD

RFE Response

Ana & Jose Hernandez

Package Information

Pricing option: FedEx One Rate

Service type: FedEx 2Day

Package type: FedEx Envelope

Number of packages: 1

Total weight:

Declared Value: 100.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

Billing Information:

Bill transportation to: MyAccount-540

Your reference:

P.O. no.:

Invoice no.:

Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

**INCLUDED IN THIS SUBMISSION ARE TWO SEPARATE
APPLICATIONS FILED CONCURRENTLY**

1. RFE Response for Ana Jael Hernandez

A#: [REDACTED]

2. RFE Response for Jose Ruben Hernandez

A#: [REDACTED]

January 5, 2023

ANA Jael HERNANDEZ
c/o RUBEN JOSE HERNANDEZ
[REDACTED]

RE: I-485, Application to Register Permanent
Residence or Adjust Status



U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
2150 Parklake Drive
Atlanta, GA 30345

U.S. Citizenship
and Immigration
Services



IOE0909123092



A [REDACTED]

REQUEST FOR EVIDENCE

You are receiving this notice because U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your Form I-485, Application to Register Permanent Residence or Adjust Status, filed on May 26, 2020 under section 245 of the Immigration and Nationality Act (INA) based on being the beneficiary of a family-based immigrant petition. Please read this letter carefully, follow all of the instructions, and provide the requested evidence and information in order for us to make a final decision on your case. Include duplicate copies if you are requesting consular notification.

What You Need to Do

Submit a complete Form I-693, Report of Medical Examination and Vaccination Record. This form is required to complete your Form I-485, Application to Register Permanent Residence or Adjust Status. Your existing Form I-693 was signed by the civil surgeon more than two years ago and is expired. Please submit a new Form I-693 completed by a designated civil surgeon.

Civil surgeons must use the current edition of Form I-693. Outdated/previous editions will not be accepted. You can find the current edition of Form I-693 on USCIS's website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed.

Please Note: All Forms I-693 signed by civil surgeons on or after October 5, 2022 must use the 07/19/2022 edition of Form I-693. USCIS will not accept the 09/13/2021 version (or any previous editions) if the civil surgeon signed the Form I-693 after October 4, 2022. Therefore, the civil surgeon administering your immigration medical examination must complete and sign the 07/19/2022 edition of the Form I-693.

Reminder: Effective October 1, 2021, applicants subject to the immigration medical examination must complete the COVID-19 vaccine series before the civil surgeon can complete an immigration medical examination and sign Form I-693. This applies to Form I-693 signed by civil surgeon on or after October 1, 2021.

Please return the completed Form I-693 in an envelope sealed by the civil surgeon. Including a copy of this notice with your Form I-693 will facilitate matching the medical report with your file.

Important Warning: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must complete, sign and date the Form I-693. Signatures by a nurse, physician's assistant, or a doctor not designated as a civil surgeon are not acceptable. If the civil surgeon refers you to a specialist, the specialist must include his or her medical exam results and complete the proper sections of the Form I-693 before the civil surgeon may sign the form. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. Once everyone has signed, the civil surgeon will place the **original** completed Form I-693 in a sealed envelope and give it to you; we will **NOT** accept photocopied Form I-693 and medical exam results. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

A list of designated civil surgeons can be obtained by calling the USCIS Contact Center at 1-800-375-5283, or via the USCIS website at www.uscis.gov and using the MyUSCIS Find a Doctor tool at my.uscis.gov/findadoctor. You will need to provide your zip code or address. If you are hearing impaired, please call the USCIS Contact Center TDD at 1-800-767-1833.

Although processing times cannot be guaranteed, in order to complete your case in a timely, we strongly encourage you to submit your complete Form I-693 as soon as possible via express mail.

Your response must be received in this office by April 3, 2023.

Please note that you have been allotted the maximum period allowed for responding to a Request for Evidence (RFE). The time period for responding cannot be extended. 8 Code of Federal Regulations (8 CFR) 103.2(b)(8)(iv). Because many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible, but no later than the deadline provided. If you do not respond to this notice within the allotted time, your case may be denied. The regulations do not provide for an extension of time to submit the requested evidence.

You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable). You must submit the requested information by April 3, 2023. Please note, if the request is for original documents, you must submit that evidence by mail.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, it must be accompanied by a complete, accurate and certified English translation of the entire document including a translation of the registrar's name and information, signature and stamp of the civil authority. The translator must certify that the translation is accurate, and he or she is competent to translate from that language to English. **If you submit a foreign language translation in response to this request for evidence, you must also include a copy of the foreign language document.**

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request. Processing of your Form I-485, Application to Register Permanent Residence or Adjust Status, will resume upon receipt of your response. If you have not heard from USCIS within **60 days of responding**, you may contact the USCIS Contact Center at 1-800-375-5283. If you are hearing impaired, please call the USCIS Contact Center TTY at 1-800-767-1833.

For questions about your application, please visit our web site at www.uscis.gov. You can use our online tools at www.uscis.gov/tools, including our virtual assistant Emma, for information and guidance. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center online by visiting www.uscis.gov/contactcenter.

Place a copy of this entire letter on top of your response. Submission of evidence without this letter may delay the processing of your case and could result in a denial.

Mail your response to this address:

**U.S. Citizenship and Immigration Services
Atlanta Field Office
2150 Parklake Drive
Atlanta, GA 30345**

Sincerely,



Shineka C. Miller
Field Office Director
Officer: 1466





January 30, 2023

U.S. Citizenship and Immigration Services
Atlanta Field Office
2150 Parklake Drive
Atlanta, GA 30345

RESPONSE TO REQUEST FOR EVIDENCE

CASE # IOE0909123092

RE: Ana Jael Hernandez
A# [REDACTED]

Dear Officer:

I am writing in response to the enclosed Request for Evidence that USCIS issued on January 5, 2023. As indicated on the notice, the deadline to submit this response is April 3, 2023; therefore, this response is timely being filed.

Petitioner and Beneficiary retained my services to file this response on their behalf. Therefore, I am filing two signed and complete G-28 for both parties. Please enter my appearance as the Attorney of Record on this matter.

As indicated on the request, USCIS is requesting a completed Form I-693, Report of Medical Examination and Vaccination Record.

The following document is being submitted regarding the above:

- A Sealed and Completed Form I-693, Report of Medical Examination and Vaccination Record, signed by a USCIS Civil Surgeon and Applicant.

Please note: The address shown on the notice (5233 Woodbin Drive Norcross, GA 30093) is incorrect and it is a USCIS error. My clients have only provided one address (physical and mailing) on the I-130 Petition and I-485 Application. Their correct address is 4014 Benell Court Smyrna, GA 30082. Please correct the address of Ana on the record, so the LPR Card is delivered correctly after approval.

Please continue processing the above indicated case. The requested evidence has been submitted in its entirety. If you need any additional information, please contact my office as I am the Attorney on Record for the above case.

Sincerely,


Jackeline A. Clements, Esq.

RESPONSIVE • SUCCESSFUL • COMPASSIONATE



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 2 3 8 1 9 3 3 8 0 5 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
 2.b. Given Name (First Name)
 2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. ☐ Apt. ☒ Ste. ☐ Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
 5. Mobile Telephone Number (if any)
 6. Email Address (if any)
 7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

▶ I O E 0 9 0 9 1 2 3 0 9 2

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Hernandez

6.b. Given Name (First Name) Ana

6.c. Middle Name Jael

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

▶ N / A

9. Client's Alien Registration Number (A-Number) (if any)

▶ A-

Client's Contact Information

10. Daytime Telephone Number

678-524-6774

11. Mobile Telephone Number (if any)

678-524-6774

12. Email Address (if any)

rdeviez@yahoo.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town

13.d. State

13.e. ZIP Code

13.f. Province

N/A

13.g. Postal Code

N/A

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ Ave Hernandez

2.b. Date of Signature (mm/dd/yyyy) 01-30-2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[Signature]

1.b. Date of Signature (mm/dd/yyyy)

01/30/2023

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy)

N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) Hernandez
 1.b. Given Name (First Name) Anna
 1.c. Middle Name Jael

2.a. Page Number N/A 2.b. Part Number N/A 2.c. Item Number N/A

2.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

3.a. Page Number N/A 3.b. Part Number N/A 3.c. Item Number N/A

3.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

4.a. Page Number N/A 4.b. Part Number N/A 4.c. Item Number N/A

4.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number N/A 5.b. Part Number N/A 5.c. Item Number N/A

5.d. N/A
N/A
N/A
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N/A

6.a. Page Number N/A 6.b. Part Number N/A 6.c. Item Number N/A

6.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 2 3 8 1 9 3 3 8 0 5 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Clements
2.b. Given Name (First Name) Jackeline
2.c. Middle Name A.

Address of Attorney or Accredited Representative

3.a. Street Number and Name 1875 Old Alabama Road
3.b. ☐ Apt. ☒ Ste. ☐ Flr. 720
3.c. City or Town Roswell
3.d. State GA 3.e. ZIP Code 30076
3.f. Province N/A
3.g. Postal Code N/A
3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 678-461-6046
5. Mobile Telephone Number (if any) N/A
6. Email Address (if any) jacky@rscimmigration.com
7. Fax Number (if any) 678-461-5556

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Georgia

1.b. Bar Number (if applicable)

155757

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Rosen, Sokol & Clements Immigration Law Group

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

▶ 1 0 E 0 9 0 9 1 2 3 0 9 2

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Hernandez

6.b. Given Name (First Name) Ruben

6.c. Middle Name Jose

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

▶ N / A

9. Client's Alien Registration Number (A-Number) (if any)

▶ A- N / A

Client's Contact Information

10. Daytime Telephone Number

678-524-6774

11. Mobile Telephone Number (if any)

678-524-6774

12. Email Address (if any)

rdeviez@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town

13.d. State

13.e. ZIP Code

13.f. Province

N/A

13.g. Postal Code

N/A

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address:

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

→ 

- 2.b. Date of Signature (mm/dd/yyyy) **01/30/2023**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy) **01/30/2023**

- 2.a. Signature of Law Student or Law Graduate

N/A

- 2.b. Date of Signature (mm/dd/yyyy) **N/A**

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

DO NOT OPEN FOR USCIS ONLY

HERNANDEZ, ANA JAEL

AS

Windy Hill Sanchez Med Clinic
708 Windy Hill Road SE
Smyrna, GA 30080

AS

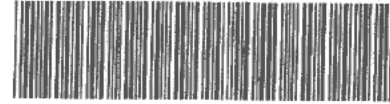
January 5, 2023

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
2150 Parklake Drive
Atlanta, GA 30345



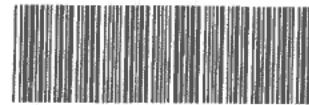
U.S. Citizenship
and Immigration
Services

JOSE RUBEN HERNANDEZ
c/o RUBEN JOSE HERNANDEZ
[REDACTED]



IOE0909123091

RE: I-485, Application to Register Permanent
Residence or Adjust Status



A [REDACTED]

REQUEST FOR EVIDENCE

You are receiving this notice because U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your Form I-485, Application to Register Permanent Residence or Adjust Status, filed on May 26, 2020 under section 245 of the Immigration and Nationality Act (INA) based on being the beneficiary of a family-based immigrant petition. Please read this letter carefully, follow all of the instructions, and provide the requested evidence and information in order for us to make a final decision on your case. Include duplicate copies if you are requesting consular notification.

What You Need to Do

Submit a complete Form I-693, Report of Medical Examination and Vaccination Record. This form is required to complete your Form I-485, Application to Register Permanent Residence or Adjust Status. Your existing Form I-693 was signed by the civil surgeon more than two years ago and is expired. Please submit a new Form I-693 completed by a designated civil surgeon.

Civil surgeons must use the current edition of Form I-693. Outdated/previous editions will not be accepted. You can find the current edition of Form I-693 on USCIS's website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed.

Please Note: All Forms I-693 signed by civil surgeons on or after October 5, 2022 must use the 07/19/2022 edition of Form I-693. USCIS will not accept the 09/13/2021 version (or any previous editions) if the civil surgeon signed the Form I-693 after October 4, 2022. Therefore, the civil surgeon administering your immigration medical examination must complete and sign the 07/19/2022 edition of the Form I-693.

Reminder: Effective October 1, 2021, applicants subject to the immigration medical examination must complete the COVID-19 vaccine series before the civil surgeon can complete an immigration medical examination and sign Form I-693. This applies to Form I-693 signed by civil surgeon on or after October 1, 2021.

Please return the completed Form I-693 in an envelope sealed by the civil surgeon. Including a copy of this notice with your Form I-693 will facilitate matching the medical report with your file.

Important Warning: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must complete, sign and date the Form I-693. Signatures by a nurse, physician's assistant, or a doctor not designated as a civil surgeon are not acceptable. If the civil surgeon refers you to a specialist, the specialist must include his or her medical exam results and complete the proper sections of the Form I-693 before the civil surgeon may sign the form. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. Once everyone has signed, the civil surgeon will place the **original** completed Form I-693 in a sealed envelope and give it to you; we will NOT accept photocopied Form I-693 and medical exam results. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

A list of designated civil surgeons can be obtained by calling the USCIS Contact Center at 1-800-375-5283, or via the USCIS website at www.uscis.gov and using the MyUSCIS Find a Doctor tool at my.uscis.gov/findadoctor. You will need to provide your zip code or address. If you are hearing impaired, please call the USCIS Contact Center TDD at 1-800-767-1833.

Although processing times cannot be guaranteed, in order to complete your case in a timely, we strongly encourage you to submit your complete Form I-693 as soon as possible via express mail.

Your response must be received in this office by April 3, 2023.

Please note that you have been allotted the maximum period allowed for responding to a Request for Evidence (RFE). The time period for responding cannot be extended. 8 Code of Federal Regulations (8 CFR) 103.2(b)(8)(iv). Because many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible, but no later than the deadline provided. If you do not respond to this notice within the allotted time, your case may be denied. The regulations do not provide for an extension of time to submit the requested evidence.

You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable). You must submit the requested information by April 3, 2023. Please note, if the request is for original documents, you must submit that evidence by mail.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, it must be accompanied by a complete, accurate and certified English translation of the entire document including a translation of the registrar's name and information, signature and stamp of the civil authority. The translator must certify that the translation is accurate, and he or she is competent to translate from that language to English. **If you submit a foreign language translation in response to this request for evidence, you must also include a copy of the foreign language document.**

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request. Processing of your Form I-485, Application to Register Permanent Residence or Adjust Status, will resume upon receipt of your response. If you have not heard from USCIS within **60 days of responding**, you may contact the USCIS Contact Center at 1-800-375-5283. If you are hearing impaired, please call the USCIS Contact Center TTY at 1-800-767-1833.

For questions about your application, please visit our web site at www.uscis.gov. You can use our online tools at www.uscis.gov/tools, including our virtual assistant Emma, for information and guidance. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center online by visiting www.uscis.gov/contactcenter.

Place a copy of this entire letter on top of your response. Submission of evidence without this letter may delay the processing of your case and could result in a denial.

Mail your response to this address:

U.S. Citizenship and Immigration Services
Atlanta Field Office
2150 Parklake Drive
Atlanta, GA 30345

Sincerely,



Shineka C. Miller
Field Office Director
Officer: 1466



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January 30, 2023

U.S. Citizenship and Immigration Services
Atlanta Field Office
2150 Parklake Drive
Atlanta, GA 30345

RESPONSE TO REQUEST FOR EVIDENCE

CASE # IOE0909123091

RE: Jose Ruben Hernandez
A# [REDACTED]

Dear Officer:

I am writing in response to the enclosed Request for Evidence that USCIS issued on January 5, 2023. As indicated on the notice, the deadline to submit this response is April 3, 2023; therefore, this response is timely being filed.

Petitioner and Beneficiary retained my services to file this response on their behalf. Therefore, I am filing two signed and complete G-28 for both parties. Please enter my appearance as the Attorney of Record on this matter.

As indicated on the request, USCIS is requesting a completed Form I-693, Report of Medical Examination and Vaccination Record.

The following document is being submitted regarding the above:

- A Sealed and Completed Form I-693, Report of Medical Examination and Vaccination Record, signed by a USCIS Civil Surgeon and Applicant.

Please continue processing the above indicated case. The requested evidence has been submitted in its entirety. If you need any additional information, please contact my office as I am the Attorney on Record for the above case.

Sincerely,


Jacqueline A. Clements, Esq.

RESPONSIVE • SUCCESSFUL • COMPASSIONATE



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

0 2 3 8 1 9 3 3 8 0 5 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Clements
2.b. Given Name (First Name) Jackeline
2.c. Middle Name A.

Address of Attorney or Accredited Representative

3.a. Street Number and Name 1875 Old Alabama Road
3.b. ☐ Apt. ☒ Ste. ☐ Flr. 720
3.c. City or Town Roswell
3.d. State GA 3.e. ZIP Code 30076
3.f. Province N/A
3.g. Postal Code N/A
3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 678-461-6046
5. Mobile Telephone Number (if any) N/A
6. Email Address (if any) jacky@rscimmigration.com
7. Fax Number (if any) 678-461-5556

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Georgia

1.b. Bar Number (if applicable)

155757

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Rosen, Sokol & Clements Immigration Law Group

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► I O E 0 9 0 9 1 2 3 0 9 1

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Hernandez

6.b. Given Name (First Name) Jose

6.c. Middle Name Ruben

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A-

Client's Contact Information

10. Daytime Telephone Number

678-524-6774

11. Mobile Telephone Number (if any)

678-524-6774

12. Email Address (if any)

rdeviez@yahoo.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town

13.d. State

13.e. ZIP Code

13.f. Province

N/A

13.g. Postal Code

N/A

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

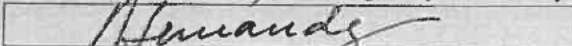
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ 

2.b. Date of Signature (mm/dd/yyyy) 01/30/2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy)

01/30/2023

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy)

N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 2 3 8 1 9 3 3 8 0 5 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Clements
2.b. Given Name (First Name) Jackeline
2.c. Middle Name A.

Address of Attorney or Accredited Representative

3.a. Street Number and Name 1875 Old Alabama Road
3.b. ☐ Apt. ☒ Ste. ☐ Flr. 720
3.c. City or Town Roswell
3.d. State GA 3.e. ZIP Code 30076
3.f. Province N/A
3.g. Postal Code N/A
3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 678-461-6046
5. Mobile Telephone Number (if any) N/A
6. Email Address (if any) jacky@rscimmigration.com
7. Fax Number (if any) 678-461-5556

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Georgia

1.b. Bar Number (if applicable)

155757

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Rosen, Sokol & Clements Immigration Law Group

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

▶ I O E 0 9 0 9 1 2 3 0 9 1

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Hernandez

6.b. Given Name (First Name) Ruben

6.c. Middle Name Jose

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

▶ N / A

9. Client's Alien Registration Number (A-Number) (if any)

▶ A- N / A

Client's Contact Information

10. Daytime Telephone Number

678-524-6774

11. Mobile Telephone Number (if any)

678-524-6774

12. Email Address (if any)

rdeviez@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town

13.d. State

13.e. ZIP Code

13.f. Province

N/A

13.g. Postal Code

N/A

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

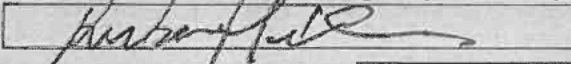
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➔ 

2.b. Date of Signature (mm/dd/yyyy) 01/30/2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) 01/30/2023

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)
 1.b. Given Name (First Name)
 1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

DO NOT OPEN FOR USCIS ONLY

AS

Windy Hill Sanchez Med Clinic
706 Windy Hill Road SE
Smyrna, GA 30080

AS

HERNANDEZ, JOSE RUBEN